

Baby & Kid Sale Agreement Form

Sunday, April 3, 2016 1:30 – 3:30 p.m.
DCRC, Gymnasiums A&B

NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

I have read and agree to the information provided on the information sheet for the Baby & Kid Sale Bonanza. _____ (Initial)

I have reviewed the policies on the CPSC website and will not be selling anything from the recalled list of products. _____ (Initial)

PLEASE MARK THE FOLLOWING ITEMS WHICH YOU INTEND TO SELL.

- | | | |
|--|---|---|
| <input type="checkbox"/> infant clothing | <input type="checkbox"/> nursing supplies | <input type="checkbox"/> toys/ outdoor |
| <input type="checkbox"/> toddler/pre-school clothing | <input type="checkbox"/> bottles/blankets/misc. infant needs | <input type="checkbox"/> toys / indoor |
| <input type="checkbox"/> maternity clothing | <input type="checkbox"/> exersaucers, walkers, bouncy seats | <input type="checkbox"/> games |
| <input type="checkbox"/> youth clothing | <input type="checkbox"/> hi-chairs, pack-n-plays, strollers | <input type="checkbox"/> sporting goods |
| <input type="checkbox"/> kid-related VHS/DVD movies | <input type="checkbox"/> other (please list on back of this form) | |

As a participant in this and any other program of the City of Dublin Recreation Services, I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the City of Dublin Recreation Services accepting my registration, and with the intent to be legally bound, I hereby, for myself, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Dublin Recreation Services.

Furthermore, I promise not to sue the City of Dublin Recreation Services and its officers, agents, servants, employees and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss of damage to property, or any other loss to me on account of my participation in this and all other programs or the City of Dublin Recreation Services. By signing this you may give up legal rights.

DATE

SIGNATURE OF PARTICIPANT

